

beacon
health options

Beacon Refresher

Emily Swanzy Clinical Manager

Beth Bernasek Provider Relations Manager

Documentation need for service authorization

- Assessment – H0001
- DAAP must be submitted including:
 - ❖ SB 123 assessment form fully completed
 - ❖ SASSI
 - ❖ Clinical Narrative

Treatment Services

- Detox, Initial 21 days of Level 3.3 tx during case, Level 3.1, Level 2 IOP and Level 1 OP
 - All must have Client Placement Agreement (CPA)
Must include:
 - level of care requested
 - be signed by ISO
 - Agreement date must be on or prior to the review start date/start date of services

Concurrent Level 3.3 Tx requests

- Level 3.3 Tx request for services following initial 21 days of billed services per case
 - These are reviewed for medical necessity and must have:
 - CPA
 - Full clinical covering ALL 6 ASAM dimensions
 - Clinical review form found at:
<https://kansas.beaconhealthoptions.com/providers/kssc/> is recommended but not required as long as information on form is included in the request.
 - specifically: recent use pattern, last day of use and any new incarceration dates
 - The most common error is lack of substance use specifics and explanation for long periods of abstinence.

Cost CAPs



Authorization and Claims Submission Reference Document

Authorization and Claims Submission Reference Document

Treatment Modality	Level of Service	Service Class	Type of Service	Level of care	Type of Care	Service Code (HCPC Code)	Modifier	Place of Service	Charge Amount	Max Per Request	Utilization Guidance
Social Detox	INPATIENT/ HLOC/ SPECIALTY	SDX	SUBSTANCE USE	RESIDENTIAL TREATMENT CENTER	DETOX	H0014		55	\$150.00	5 days	5 day max length of stay
Therapeutic Community	INPATIENT/ HLOC/ SPECIALTY	RES	SUBSTANCE USE	ASSERTIVE COMMUNITY TREATMENT	BEHAVIORAL	H0025		55	\$150.00	30 days	180 day Cap
Intermediate Residential	INPATIENT/ HLOC/ SPECIALTY	RTC	SUBSTANCE USE	RESIDENTIAL TREATMENT CENTER	BEHAVIORAL	H0018		55	\$180.00	21 days initial 7 day concurrent	90 day Cap
Re-integration	INPATIENT/ HLOC/ SPECIALTY	RRE	SUBSTANCE USE	HALFWAY HOUSE	BEHAVIORAL	H0019		55	\$70.00	30 days	60 day Cap
Intensive Outpatient	INPATIENT/ HLOC/ SPECIALTY	IOP	SUBSTANCE USE	IOP/SOP	BEHAVIORAL	H0015	U5	11	\$120.00	30 days	30 day Cap
Outpatient Individual	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0004		11	\$20.00	936 units	Max of 12 units per week, Case Max 936 units
Outpatient Group	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0005	U5	11	\$6.25	999 units	32 unit max per week, Case Max 2496 units
Outpatient Family	OUTPATIENT	FAM	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0004	HR	11	\$18.75	312 unit	4 units per week, Case Max 312 units
Relapse Prevention/ Continuing Care	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0024		11	\$6.25	999 units	4 units per day, Case Max 2232 units
SASSI only	OUTPATIENT	EV2	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0002		11	\$5	1 unit	1 per case only, available under presentencing benefit package only
DAAP	OUTPATIENT	EVL	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0001		11	\$175	1 unit	1 per case, includes the SASSI

Note: Place of Service 11 is also listed as Office. Place of Service 55 is also listed as Psychiatric Residential Treatment Center

Post Sentencing Services

- Assessment H0001 – 1 per case
- Level 2 IOP – 30 days per case
- Level 3.1 Halfway House – 60 days per case
- Level 3.3 Intermediate – 90 days per case
 - Any services after initial 21 days must meet medical necessity
- Therapeutic Community – 180 days per case
- Social Detox – 5 days per episode, episodes may not be concurrent

Post Sentencing Services continued

- Level 1 OP
 - Individual - 936 units per case
 - Group – 2496 units per case
 - Family – 312 units per case
 - Relapse prevention/continuing Care – 2232 units per case

Eligibility

- The ISO is first contact if not found in ProviderConnect or if the provider believes the eligibility data is incorrect.
- If confirmed by the ISO offender data is correctly loaded into TOADS.
 - email KSSC and copy Beacon
 - sb123payments@ks.gov
 - kansasclinical@beaconhealthoptions.com
- Beacon can only make updates at the direction of KSSC

Multiple Member's Found

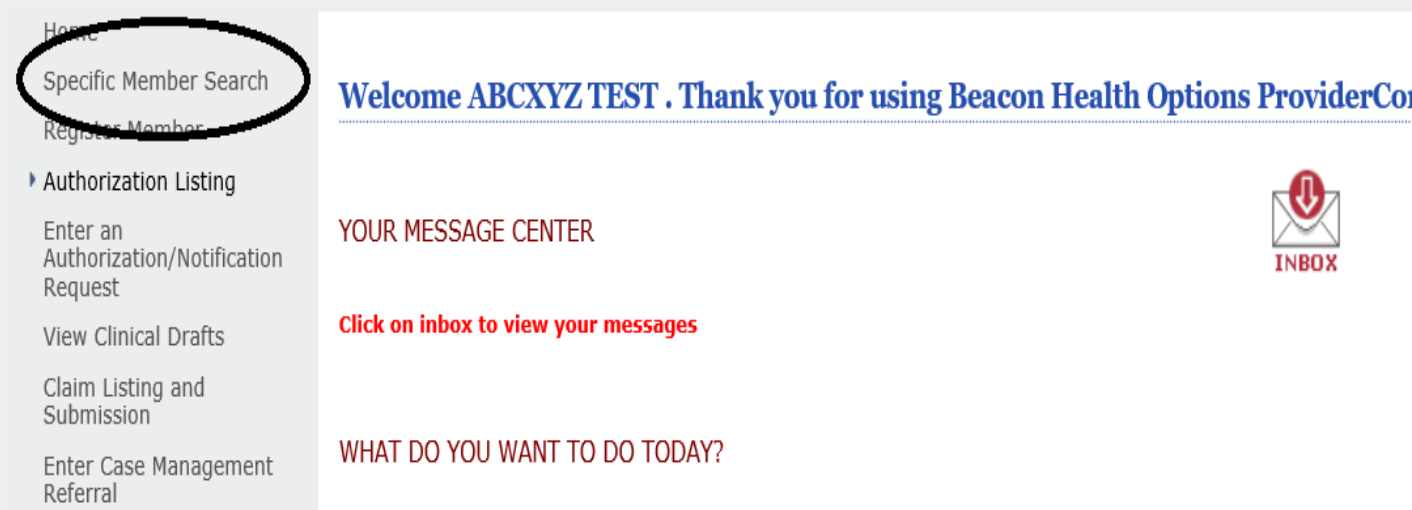
- Send email to Beacon
(kansasclinical@beaconhealthoptions.com)
 - Include in email offender name, DOB and SSN/KBI/KDOC

OR

- Call Beacon
 - 866-645-8216
 - Option: 3 – KSSC/SB123
 - Option 2 – offender in your care

Where do we find Member's Beacon Id?

- Click Specific Member Search on PC home screen



- Enter the KDOC or KBI and DOB

- This brings you to the Demographic screen (which is where you start for almost every need)

Demographics

Enrollment History

COB

Benefits

Additional Information

Primary Care Provider

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?

Member ID

KSS000079

Alternate ID

Member Name

MEMBER POST, TEST

Date of Birth

01/01/1965

Address

100 SE 9TH ST
TOPEKA, KS 66612

Alternate Address

Marital Status

-

Home Phone

785 -342 -4150

Work Phone

Relationship

1

Gender

M - Male

Member Participates in Message Center Communication with Providers?

No

Eligibility

Effective Date

07/01/2018

Expiration Date

07/01/2018

COB Effective Date?

Subscriber

Subscriber ID

KSS000079

Subscriber Name

MEMBER POST, TEST

Check an Auth



Switch Account 994747-General Account ▼

[Beacon Health Options Home](#)

[Provider Home](#)

[Contact Us](#)

[Log Out](#)

[Home](#)

[Specific Member Search](#)

[Register Member](#)

[Authorization Listing](#)

[Enter an Authorization/Notification Request](#)

[View Clinical Drafts](#)

[Claim Listing and Submission](#)

[Enter Case Management Referral](#)

[Enter Bed Tracking Information](#)

[Search Beds/Openings](#)

[Weekly Behavior Analysis Measures](#)

[EDI Homepage](#)

[Enter Member Reminders](#)

[Reports](#)

[Print Spectrum Release of Information Form](#)

[APA Availability Survey](#)

Demographics

[Enrollment History](#)

[COB](#)

[Benefits](#)

[Additional Information](#)

[Primary Care Provider](#)

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?

Member ID **KSS000079**

Alternate ID

Member Name **MEMBER POST, TEST**

Date of Birth **01/01/1965**

Address **100 SE 9TH ST
TOPEKA, KS 66612**

Alternate Address

Marital Status **-**

Home Phone **785 -342 -4150**

Work Phone

Relationship **1**

Gender **M - Male**

Eligibility

Effective Date **07/01/2018**

Expiration Date **07/01/2018**

COB Effective Date?

Subscriber

Subscriber ID **KSS000079**

Subscriber Name **MEMBER POST, TEST**

Member Participates in Message Center Communication with Providers? **No**

[View Member Auths](#)

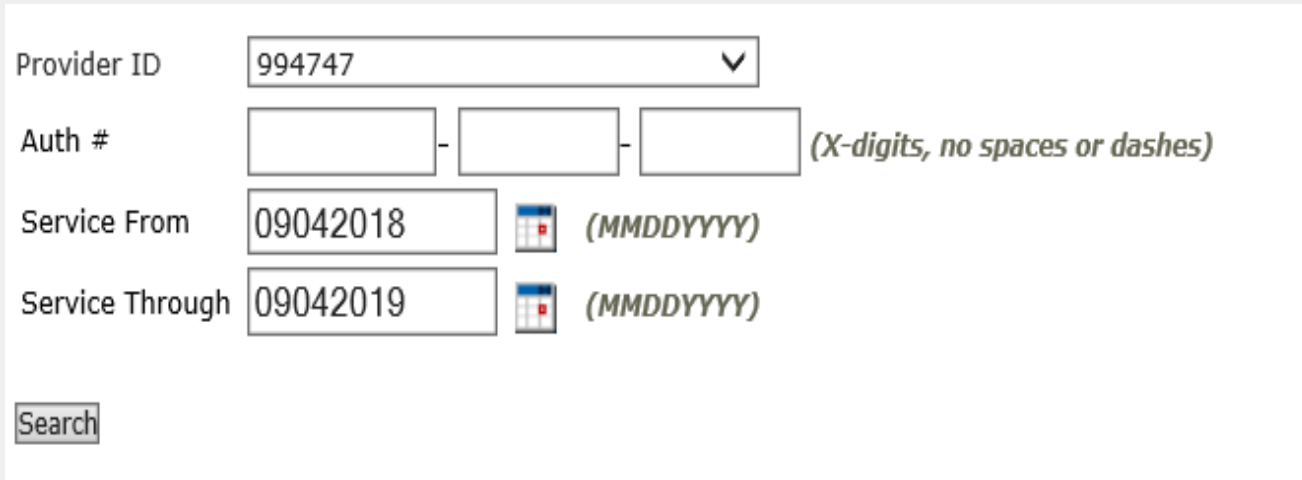
[View Member Claims](#)

[View Empire Claims](#)

[View GHI-BMP Claims](#)

Check an Auth cont....

- Then scroll down to:



The screenshot shows a web form with the following fields and controls:

- Provider ID:** A dropdown menu with the value "994747" and a downward arrow.
- Auth #:** Three input boxes separated by dashes, with a note "(X-digits, no spaces or dashes)" to the right.
- Service From:** An input box containing "09042018" and a calendar icon, with the format "(MMDDYYYY)" to the right.
- Service Through:** An input box containing "09042019" and a calendar icon, with the format "(MMDDYYYY)" to the right.
- Search:** A button located at the bottom left of the form.

- Choose your date range and click “search”

Check an Auth cont....

- Auth results screen pops up.... Click the blue hyperlink on the left of the screen that matches the LOC you want

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth #	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name	DOB	Provider Alt. ID	Alternate Provider	
01-02232011-1-3	007651884	12/02/1979	12345	A00001	EAP
	[REDACTED]		712345		EAP
01-042210-1-10	[REDACTED]	12/02/1979	12345	A00001	Behavioral
	[REDACTED]		712345		Inpatient


Check an Auth cont....

- Clicking the hyperlink takes you here:
- Note: You want **AUTH DETAILS**

Auth Summary **Auth Details** Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

Authorization Header

Member ID	[REDACTED]	Return to search results
Member Name	[REDACTED]	Send Inquiry
Authorization #	01-02232011-1-3	Complete Discharge Review
Client Auth # 	N/A	Enter EAP CAF
Authorization Status	O - Open	
From Provider	PETER TOMMUS	
Admit Date	01/14/2010	

Check an Auth cont....

Authorization Header

Member ID

[REDACTED]

Member Name

[REDACTED]

Authorization #

[REDACTED]

Client Auth #[?]

0003541789

NPI # for Authorization[?]

N/A

Authorization Status

O - Open

Authorization Letter(s)

 (click to view)

[Return to search results](#)

[Complete Discharge Review](#)

[Enter EAP CAF](#)

Service Lines

Line #	Submission Date	Service Code	Modifier Code	Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	01/14/2010	12345678		EAP SERVICES	01/07/2010- 07/07/2010	5/ 5	3	O - Open	N/A

Claims

- To check on....reprocess... or change a claim.

Member?		Eligibility	
Member ID	KSS000079	Effective Date	07/01/2018
Alternate ID		Expiration Date	07/01/2018
Member Name	MEMBER POST, TEST	COB Effective Date?	
Date of Birth	01/01/1965		
Address	100 SE 9TH ST TOPEKA, KS 66612		
Alternate Address			
Marital Status	-		
Home Phone	785 -342 -4150		
Work Phone			
Relationship	1		
Gender	M - Male		
Member Participates in Message Center Communication with Providers? No			
View Member Auths		View Member Claims	
Enter Auth/Notification Request		Send Inquiry	
		View Empire Claims	
		View GHI-BMP Claims	
		View Clinical Drafts	

Provider ID	994747	
Auth #		(X-digits, no spaces or dashes)
Service From	09042018	(MMDDYYYY)
Service Through	09042019	(MMDDYYYY)
Search		

Claims cont....

- Click on the blue hyperlink...
 - Please note the status must show PROCESSED to make changes/reprocess.

Claims Search Results

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Click a Claim Number for more detail on that claim.

Claim #	Member Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
02-123101-0001-0001	██████████ ██████████	123456	DOE, JOHN 00003	05/05/2005- 05/05/2005	Processed	100.00
02-123101-0002-0002	██████████ ██████████	123456	DOE, JOHN 00003	05/05/2005- 05/05/2005	In Process	100.00

Claims cont....

[Claim Summary](#) [Service Line Detail](#)

Claim Detail

[Return to search results](#)

Claim # **02-123101-00002-00002**

Claim Status [?](#) **Processed**

Patient Account # **ABC123**

Member ID **[REDACTED]**

Member Name **[REDACTED]**

Provider Name **[REDACTED]**

Group Name **GRP1**

Statement Dates

Charge Amount (\$) **190.00**

Service Lines

Line #	Service Date	Type of Service	Procedure Code	Charge Amount (\$)
1	01/05/2008 - 01/05/2008		999999999	95.00

[Send Inquiry](#)

[Change / Reprocess Claim](#)

Claims cont....

Service Line Detail													
Line #	Status		Service Code/Units	Modifier Codes				Charge Amt (\$)	DX	Allowed Amt	COIN	Check#	EOP
	Start Date	End Date		1	2	3	4	Amt Paid (\$)		Deductible	CoPay	Paid Date	
1	In Process	06/18/2009	06/18/2009	90806 /1				150.00 0.00	309.28	0.00 0.00	0.00 0.00		

Explanation of Payment	
EOP Code	Code Description
Claim is pending review.	

Only highlighted lines may be changed. Do you wish to continue?

Type of Adjustment

Reason for Adjustment

Explanation

- Once type of adjustment/reason and explanation are complete click “continue”

Claims cont....

- It may have you confirm your vendor location and then takes you back through like it's a new claim.
- Edit where appropriate.

Claims cont....

- If it's the last screen you need can “edit” instead of submit new (see next screen)

Service Line Entry

*Service From <input type="text"/> (MMDDYYYY)	*Service Through <input type="text"/> (MMDDYYYY)	*Service Code <input type="text"/> (ex: 86753)	Modifier Code 1 <input type="text"/> (no spaces or dashes)	Modifier Code 2 <input type="text"/> (no spaces or dashes)	Modifier Code 3 <input type="text"/> (no spaces or dashes)	Modifier Code 4 <input type="text"/> (no spaces or dashes)	
*Charge Amount (\$) <input type="text"/> (ex: 123.45)	*Place of Service <input type="text"/> (00 – 99)	*Units <input type="text"/> (3-digits)					
*Diagnosis Code 1 <input type="text"/> (ex: 765.4)	Diagnosis Code 2 <input type="text"/> (ex: 765.4)	Diagnosis Code 3 <input type="text"/> (ex: 765.4)	Diagnosis Code 4 <input type="text"/> (ex: 765.4)	Diagnosis Code 5 <input type="text"/> (ex: 765.4)	Diagnosis Code 6 <input type="text"/> (ex: 765.4)	Diagnosis Code 7 <input type="text"/> (ex: 765.4)	Diagnosis Code 8 <input type="text"/> (ex: 765.4)
Primary Payer		Secondary Payer		Tertiary Payer			
COB Payer Paid 1 <input type="text"/> (ex: 99999.99)	COB Units Paid 1 <input type="text"/> (ex: 999)	COB Payer Paid 2 <input type="text"/> (ex: 99999.99)	COB Units Paid 2 <input type="text"/> (ex: 999)	COB Payer Paid 3 <input type="text"/> (ex: 99999.99)	COB Units Paid 3 <input type="text"/> (ex: 999)		

This will cancel the changes made to the service line This will save the changes made to the service line

This will add this service line information to the claim

Claims cont....

- Click edit to make changes

Claim Detail: Ready to Submit

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary
<input type="button" value="Void"/> <input type="button" value="Edit"/>	06182009	06182009	90806 11			150.00	309.28	0.00		
Total										

Attach an EOB

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.

Attached Documents:

Contact

- PLEASE do not hesitate to call or email if you have questions or would like a walkthrough of the system while in your office.
- Beth Bernasek
 - 785-338-9018
 - 785-213-3562
 - Elizabeth.bernasek@beaconhealthoptions.com